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WHA to Congress: No More ICD-10 Delays ***More delay urged by AMA head***

In a December 17 letter (www.wha.org/Data/Sites/1/pdf/ICD-10Baldwin12-17-14.pdf) sent to Wisconsin's entire congressional delegation, WHA urged Congress to reject calls to once again delay implementation of ICD-10.

"ICD-10 implementation delays have been disruptive and costly for all of our member hospitals and health systems," WHA Executive Vice President Eric Borgerding stated in the letter to Wisconsin's congressional delegation. "Significant investments were made by our members to prepare for the October 2014 implementation prior to enactment of the most recent delay. After the delay, many of our members had to quickly reconstruct systems and processes that were ICD-10 ready back to ICD-9...Every day of delay costs our health care system a significant amount of resources that do not contribute to health care value."

Frustration with calls for further delay was shared by the WHA Board of Directors at its meeting in Madison December 11.

"We are very concerned about an additional delay to ICD-10 implementation, as we have prepared, in partnership with our physicians and colleagues, and are ready," said WHA's incoming board chair, Therese Pandl, president/CEO, HSHS Eastern Wisconsin Division. "We are currently dual coding and are concerned that further delay would disrupt our project management process." *(continued on page 6)*

IPFCF Board Votes to Reduce Assessments by 34 Percent ***WHA: Balanced tort environment key to addressing WI's MD shortages***

The Injured Patients and Families Compensation Fund ("Fund") Board on December 17 approved a 34 percent reduction in Fund assessments on health care providers for the upcoming year. The reduction was based on the recommendation of Pinnacle Actuarial Resources (Pinnacle), one of the largest property/casualty actuarial consulting firms in the U.S. Pinnacle has provided actuarial services to the Fund since 2007. This is the third reduction in Fund fees over the past three years.

"From a long-term perspective, we believe the Fund can reasonably consider assessment decreases in an effort to maintain a Fund balance within current Fund guidance," stated the Pinnacle actuarial report to the Fund. However, the actuarial report also projects an annual six percent increase per year in ultimate claim payments and expenses.

"Unlike in many other states where an injured patient's medical bills, lost wages and other economic losses may exceed the health care provider's medical malpractice coverage and be unrecoverable, Wisconsin's Injured Patients and Families Compensation Fund provides unlimited loss coverage ensuring that injured patients and families are compensated for all of their medical bills, lost wages and other economic losses," said Matthew Stanford, WHA associate general counsel.

"A prudent Fund balance and provider assessment ensures the Fund can compensate those losses now and in the future, while also maintaining a stable medical liability cost environment that helps our

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hospitals retain and attract the best and brightest physicians and other health care practitioners for their communities,” said Stanford.

The actuaries also noted the impact to the Fund and its recommendation to reduce Fund provider assessments should the state’s cap on non-economic damages be overturned.

“In the event that the [non-economic damage] caps are overturned, the Fund is exposed to the potential of significantly larger claims than if the caps remain in place,” stated the Pinnacle actuarial report to the Fund. “Overturning the caps would require Pinnacle to reconsider the appropriateness of our recommended net asset balance range in light of the change in large loss potential.”

WHA Opens Quality Initiatives to All Member Hospitals in 2015



Over the past three years, Wisconsin hospitals have dedicated resources and made a commitment to improve the overall quality of health care in Wisconsin by working with the WHA Partners for Patients collaborative. During this time, countless hospital teams have come together to learn evidence-based practices and share what they know about reducing hospital-acquired harm and unnecessary readmissions. The results have been excellent.

In an effort to continue this outstanding momentum, WHA is offering several improvement initiatives to all member hospitals in the first half of 2015. The initiatives below were chosen based on hospital feedback and what is on the horizon nationally.

- Falls Prevention
- Sepsis
- C. Difficile
- Care Transitions – Readmissions
- Antimicrobial Stewardship
- Patient and Family Engagement
- Implementing a Protocol



Complete details for each initiative and enrollment information can be found on the WHA Quality Center website at www.whaqualitycenter.org/PartnersforPatients.aspx. The enrollment deadline is January 16.

It is important to emphasize the above improvement initiatives are open to all member hospitals and are not limited to those that participated in the original HEN collaborative with WHA, sponsored through the Centers for Medicare & Medicaid Services (CMS). WHA is now reviewing the CMS draft Request for Proposal regarding the possible continuation of the national Partnership for Patients (HEN 2.0), which could start mid-2015. The offerings from WHA are designed to bridge to HEN 2.0 and give Wisconsin hospitals a head start on these key initiatives.

The amount of collaboration that has taken place through the WHA Partnership for Patients has been unique, and more importantly, highly effective. WHA is excited to continue to assist hospitals in 2015 to improve the already strong, high-quality, high-value health care that is a cornerstone of Wisconsin’s health care delivery system.

Wisconsin Hospitals Step Up to Meet Ebola Challenge

Karen McKeown, RN, MSN, State Health Officer and Administrator, Division of Public Health, Wisconsin Department of Health Services



Karen McKeown

On October 17, Gov. Scott Walker urged Wisconsin hospital executives to develop an organization-wide plan to address Ebola. He asked hospitals to drill their plans so they would be prepared in the unlikely event that a suspected Ebola case would present at their hospital or clinic. The situation was changing quickly at the national level at that point. Thomas Duncan, the first patient diagnosed with Ebola in the United States, died October 8; Nina Pham, a nurse who cared for Mr. Duncan, was diagnosed with Ebola October 12. We knew we needed a statewide, comprehensive plan to address Ebola in Wisconsin.

We've come a long way together in the past few months. I especially want to recognize Froedtert, Children's Hospital of Wisconsin, University of Wisconsin Hospital, and the American Family Children's Hospital, for their leadership in stepping forward as Ebola treatment facilities. Their commitment was the first, and perhaps most important step, in the development of a coherent plan for the balance of the state's hospitals. The intense efforts of these four hospitals were validated when the CDC technical assistance team verified they were indeed prepared to provide care safely to Ebola patients while continuing their usual patient care operations.

The Department of Health Services (DHS) has worked with many partners to round out planning efforts. The Wisconsin Hospital Association (WHA) has been instrumental in coordinating communications, and hospitals throughout the state have risen to the occasion to create a network of facilities prepared to identify, isolate, test and treat an Ebola patient. The Clinical Advisory Team, a multidisciplinary group of Wisconsin clinical experts appointed by DHS Secretary Kitty Rhoades, has provided valuable advice on the implementation of national Ebola guidelines. Local health departments are monitoring returning travelers and coordinating local planning efforts. EMS providers have developed plans to transport individuals who have suspected or confirmed Ebola. The Wisconsin State Lab of Hygiene worked quickly to bring Ebola testing to Wisconsin to reduce turnaround time. The Department of Military Affairs trained teams of health care providers to be ready to assist as needed. Other vital partners have included the state patrol, Wisconsin Medical Society and many others.

DHS has worked to ensure that all partners are informed of plans as they are developed and evolve. These efforts have included participating in conferences, hosting weekly partner webcasts and responding to hundreds of questions and emails. And, DHS and WHA have reached beyond our borders to develop and confirm cross-border plans with Minnesota, Iowa and Michigan.

Since we started working on Ebola preparedness together, I have been inspired by the passion and dedication of our partners in the health care, public health, and related fields. I want to take this opportunity to thank our hospital partners especially. I have spoken with many of you, and corresponded with many more. Throughout this process, your sense of mission and your dedication to your communities and to our state have shone brightly, and I am deeply appreciative of all you have done and for your continuing efforts.

Thank you, and I wish you a very happy holiday season.

GME Grant Program Closes Successful Year

The Department of Health Services (DHS) has awarded a total of \$1.8 million to two health systems to help fund new and expanded graduate medical education (GME) programs, finishing a very successful year. The two awardees are University of Wisconsin Hospital and Clinics for three new general surgery residents, and Mayo Clinic Health System-Eau Claire to develop a new family medicine program to support 15 new residents.

This brings the total amount funded in 2014 to over \$7 million awarded to ten hospitals and health systems. More than 60 new residency positions will be created in family medicine, psychiatry and general surgery.

"Perhaps as important as the number of new residencies is their locations and specialties," noted Charles Shabino, MD, WHA chief medical officer. "Fourteen of our rural counties will now have residents training in primary care at health care facilities close to home."

The program was authorized in the state's 2013-2015 biennial budget. It allows for up to \$1.75 million per year to be used to develop new programs, and \$750,000 annually to expand existing accredited GME programs. The initiative targets five specialties: family medicine, general internal medicine, general surgery, pediatrics and psychiatry.

"This program shows how we can be successful in addressing physician shortages," said George Quinn, Wisconsin Council for Medical Education and Workforce (WCMEW) executive director. "By focusing on key predictors of where physicians are likely to practice, such as where they have their training experience, and providing incentives that expand GME programs, we have made significant progress in addressing potential future shortages."

Wisconsin Awarded \$2.5 million in ACA Funding

Wisconsin has been awarded \$2.5 million in funding under an Affordable Care Act (ACA) initiative designed to encourage states to design and test new ways to deliver and pay for health care. The one-year project will be primarily focused on planning and designing strategies that can be implemented a year from now. The program will be led by the Statewide Value Committee (SVC), a group comprised of representatives from state government as well as the payer, purchaser and provider communities.

"This new funding will allow us to invest in dedicated resources to accelerate ongoing delivery and payment change and identify new areas of emphasis," said WHA President Steve Brenton, who serves on the SVC. "The primary focus will be population health improvement, behavioral health, payment and delivery transformation and health information technology necessary to accelerate change."

Brenton noted that the Walker Administration is strongly supportive of the initiative and has been represented by Secretary Rhoades and high-level DHS staff. Hospital and health system representation has come from George Kerwin, CEO, Bellin Health System, and Mark Thompson, MD, chief medical officer, Monroe Clinic.

WHA will be reaching out to members with special expertise and interest in topics that will be addressed by the grant process and provide regular updates in *The Valued Voice*.

Grassroots Spotlight

Shankland Hears about DSH, Medicaid Reimbursement at St. Michael's



About 20 hospital leaders, hospital employees and board members at St. Michael's Hospital in Stevens Point held an hour-long meeting with Rep. Katrina Shankland (D-Stevens Point), who was recently elected to be the next Assistant Democratic Leader in the State Assembly.

St. Michael's Hospital President and CEO Jeff Martin provided a briefing to Shankland that included challenges the hospital faces due to poor Medicaid reimbursement and the importance of reauthorizing the Medicaid disproportionate share hospital (DSH) program. Martin also noted the additional investments St. Michael's has made in recently hiring psychiatrists to serve an ever-increasing need for mental health services. Several individuals around the table expressed the challenges that rural health care faces in recruiting and retaining physicians and mid-level practitioners to practice in areas of need.



St. Michael's Hospital CEO and President Jeff Martin (far right), seated next to Assistant Democratic Leader Katrina Shankland, listen while Ministry Health Care System Director of Advocacy and Public Policy Connie Schulze discusses Medicaid reimbursement.

Influenza Activity "Exploding" In Wisconsin: Weekly Reports Posted on WHA.org

Influenza activity is exploding in Wisconsin at present, according to the weekly influenza report provided to WHA by Jonathan Temte, MD, PhD. Temte, a professor of family medicine at the University of Wisconsin School of Medicine and Public Health, serves on the U.S. Advisory Committee on Immunization Practices. Throughout the influenza season, he shares his weekly updates with WHA, which are posted at: www.wha.org/weekly-influenza-update.aspx.



Jon Temte

Temte reports that from December 7-13, there were 276 reported influenza-associated hospitalizations across Wisconsin (62 percent were for individuals aged 65+ years); 42 ICU admissions (57 percent were for individuals aged 65+ years) and 13 patients requiring mechanical ventilation. The prevalence of influenza-like illness (fever of 100 degrees F or higher and either cough or sore throat) in Wisconsin's primary care patients is estimated to be 4.2 percent, and is rapidly rising. The vaccine match for the upper Midwest is estimated at 70 percent, accounting for the distribution of influenza strains and partial match of drifted AH3 viruses.

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CMS has estimated the health care industry has already invested billions in preparation for ICD-10: "Forgoing ICD-10 translates into a loss of up to \$22 billion for the U.S. health care industry." (*Federal Register*, 77(172), p 54689).

The WHA letter comes after recent calls by AMA President Robert Wah, MD, urging even further delay to ICD-10 implementation.

"For more than a decade, the AMA kept ICD-10 at bay," Wah claimed to a November gathering of the AMA House of Delegates. "And we want to freeze it in carbonite."

WHA isn't the only organization taking issue with calls for further delay. The Coalition for ICD-10, a group consisting of hospitals, health plans, hospital and physician office coding experts, vendors, and the health information technology (HIT) community, stated in a November 12 letter to Congressional leaders, "ICD-10 implementation delays have been disruptive and costly for all of the Coalition members, as well as to health care delivery innovation, payment reform, public health and health care spending."

The Coalition also fired back at the AMA's Wah on its website. "Our national healthcare data is broken due to the use of an archaic coding system. Given Dr. Wah's 'freeze it in carbonite' comment, it is clear that he is not really interested in a delay of ICD-10, but instead wants ICD-10 to never be implemented. It is hard to fathom why anyone would promote having our national data fail to meet the demands of 21st century health care. This is especially perplexing given that ICD-10 has been adopted by virtually every other country."